Indiana Medicaid Home and Community-Based Waiver Services

A GUIDE FOR CONSUMERS

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Information courtesy of:

Indiana Governor's Planning Council for People with Disabilities

150 West Market Street, Suite 628 Indianapolis, Indiana 46204

To: People with Disabilities, Families, and Disability Community Advocates

This booklet describes Indiana's Medicaid Home and Community-Based Waivers as well as other home and community services that help people with disabilities receive the supports they need to live, work and recreate in community. It explains the application process, consumer rights, the quality assurance process, how to choose a provider and lists additional resources for information or assistance.

This booklet was revised and reviewed by a group that involved The Arc of Indiana staff, Council members/staff, and other advocates as well as staff from the Department of Education (DOE), Division of Disability, Aging, and Rehabilitative Services (DDARS), and staff from the Office of Medicaid Policy and Planning (OMPP).

To receive additional copies of this booklet, request an electronic copy of the document in Word or other accessible formats, or to suggest changes for the next edition, please contact the Governor's Planning Council for People with Disabilities at the address on page 32.

If you have questions about waivers in general, call your local Area Agency on Aging or Bureau of Developmental Disabilities Services office. See page 26 and 27 for a list of offices and contact information.

Thank you for your interest in learning more about Indiana's home and community-based programs and services.

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What Are Waiver Services?

In order to support the national trend toward providing home and community-based services to people with disabilities, in 1981 the Federal Government created the Title XIX Home and Community-Based Services Program. Since this act made an exception to or waived traditional Medicaid requirements, it is referred to as a "waiver".

Medicaid waivers make Medicaid funds available for home and community-based services as an alternative to institutional care, under the condition that the overall costs to Medicaid for supporting waiver recipients in the home or community is no more than institutional care for those individuals as a group.

Indiana's waiver programs are expanding, although each has a fixed number of people that can be served. To apply for a Medicaid waiver, contact your local Area Agency on Aging (AAA) at 1-800-986-3505, or if you have a developmental disability, contact your local Bureau of Developmental Disabilities Services (BDDS) office (see page 27, or call 1-800-545-7763). Completed forms are prioritized on a waiting list by the date of the signed application.

The goals of waiver services are to provide meaningful and necessary services and support to enable the person receiving the services to live in the community, to respect the person's personal beliefs and customs, and to ensure that services are cost-effective. Waiver services help a person to:

- Become involved in the community where he or she lives and works;
- Develop relationships with people in that person's home and work communities;
- Develop skills to make decisions about how and where the person wants to live; and
- Be as independent as possible.

Waiver programs may be expanded, new services added, and changes made based on legislative action or administrative decisions that can occur when waivers are going through the renewal process, or at other times. If the information you receive from your case manager, local BDDS office, or the AAA differs from this booklet, it may be because of actual changes, or because the person you asked isn't aware of the correct answer. It is always best to check further with another person or state office before relying on information you receive from any one source.

Indiana has seven different Home and Community-Based Medicaid Waivers. The three waivers for people with developmental disabilities are the Support Services Waiver, Autism Waiver, and Developmental Disabilities (DD) Waiver. People who do not meet the criteria for DD may be able to access one of the other four waivers which includes the Aged and Disabled Waiver, Assisted Living Waiver, Medically Fragile Children's Waiver, and Traumatic Brain Injury Waiver.

It is important to know that people who are receiving waiver services will also be able to access services available under the regular Medicaid program (See page 9)

The tables on the next two pages provide an overview of the seven waiver programs currently available in Indiana:

MEDICAID HOME AND COMMUNITY-BASED WAIVERS FOR PEOPLE WITH DISABILITIES

WITH DISABILITIES						
	Aged and Disabled Waiver established 1990	Medically Fragile Children's Waiver established 1992	Traumatic Brain Injury Waiver established 2000	Assisted Living Waiver established 2000		
TO APPLY: CO	ONTACT YOUR LOCAL AREA AGENCY (ON AGING AT 1-800-986-3505 OR SEE PAG	SE 26 FOR A LIST OF OFFICES AND LOCAL NU	JMBERS		
Eligibility Criteria Aged or Disabled Nursing Facility Level of Care (Parental income and resources disregarded for children under 18)		Medically Fragile Children Birth-Under Age 18 SNF/Hospital Level of Care (Parental income and resources disregarded for children under 18)	Diagnosis of Traumatic Brain Injury Nursing Facility Level of Care (Parental income and resources disregarded for children under 18)	Aged or Disabled Nursing Facility Level of Care		
Adaptive Aids and Devices Available Adaptive Aids and Devices Adult Day Services Assisted Living Attendant Care Case Management Congregate Care Home Delivered Meals Home Modifications Homemaker Pest Control Respite Care		Attendant Care Case Management Environmental Modifications Respite Care	Adult Companion Services Case Management Environmental Modifications Habilitation -Behavior Program/ Counseling/Training -Independent Living Skills Training -Prevocational Services -Structured Day Program -Supported Employment Homemaker Occupational Therapy Personal Care Personal Emergency Response Systems Physical Therapy Residential Care/Community Res. Services Respite Care Specialized Medical Equipment and Supplies Speech/Hearing/Language Therapy	Assisted Living Case Management		
List 3505 Rehabilitative		Division of Disability, Aging and Rehabilitative Services (DDARS) 800-545-7763 Ext. 2-7122	Area Agency on Aging (AAA) 800-986-3505	No waiting list		

MEDICAID HOME AND COMMUNITY RASED WAIVERS FOR DEODLE

WITH DEVELOPMENTAL DISABILITIES						
	DD Waiver-established 2001 (Formerly ICF/MR Waiver- estab. 1992)	Autism Waiver - established 1990	Support Services Waiver - established 2002			
TO APPLY: CONTACT NOTE: CASE MANAGE	YOUR LOCAL BUREAU OF DEVELOPMENTAL DI MENT SERVICES (*TARGETED CASE MANAGEM	SABILITIES OFFICE- SEE PAGE 27 (SOME AAA ALSO ACCEPT IENT") ARE PROVIDED FOR ALL THE WAIVERS BELOW UNDER	APPLICATIONS) REGULAR MEDICAID			
Eligibility Criteria	Dev elopmentally Disabled ICF/MR Level of Care (Parental income and resources disregarded for children under 18)	Diagnosis of Autism ICF/MR Level of Care (Parental income and resources disregarded for children under 18)	Developmentally Disabled ICF/MR Level of Care (Parental income and resources disregarded for children under 18)			
Services Available	Adult Day Services Adult Foster Care Behavior Management/Crisis Intervention Community Education and Training Services Community Habilitation and Participation Enhanced Dental Services Environmental Modifications Expenses of an Unrelated LiveIn Caregiver Family and Caregiver Training Health Care Coordination Music Therapy Nutritional Counseling Occupational Therapy Personal Emergency Response Systems Physical Therapy Pre-Vocational Services Psychological Therapy Recreational Therapy Residential Habilitation and Support Respite Care Specialized Medical Equipment and Supplies Speech/Language Therapy Supported Employment Transportation	Adult Day Services Applied Behavior Analysis Assistive Technology Behavior Management/Crisis Intervention Environmental Modifications Family & Caregiver Training Habilitation -Day-Group -Prevocational Services -Supported Employment - Residential-Based Occupational Therapy Personal Assistance Personal Emergency Response System Physical Therapy Respite Care Specialized Medical Equipment and Supplies Speech/ Language Therapy Supported Living Services Transportation to/from Habilitation Note: This waiver will be renewed effective January 2003. Services will more closely reflect services on the DD waiver.	Limited to \$13,500 per year, for waiver services, which may include up to \$2,000/year in respite care. All of the services available under the DD Waiver are available under the Support Services Waiver except: -Residential Habilitation and Support -Environmental Modifications			
Waiting List Information	Local BDDS office - see page 27	Division of Disability, Aging and Rehabilitative Services (DDARS) 800-545-7763 Ext. 2-7122	No waiting list. All eligible people will be enrolled			

Who Is Eligible For Waiver Services?

You must meet eligibility guidelines for "regular Medicaid" (also called the "state plan") in order to qualify for a Medicaid waiver. In fact, you must also apply for and be accepted by regular Medicaid before you may receive waiver services (for children under 18, parental income and resources are not counted). You must also meet the criteria required for admission into a long-term care facility, state institution or group home.

When you are "targeted" for the waiver (notified you have been chosen), you may contact your case manager for assistance in applying for regular Medicaid, if you have not already done so. Application for regular Medicaid should be made at a local office of the Division of Family and Children (See page 28). To expedite the approval process, bring medical records that include a diagnosis and a description of the severity level. No specific form is required but a doctor must sign the papers. If needed, medical information packets, form 251-A, are available at the local DFC office or check with your case manager. Because the eligibility rules are different for many waiver users, you should also bring verification of your waiver slot.

When you apply for regular Medicaid, documented evidence of income (i.e. paychecks, child support, Supplemental Security Income (SSI), Social Security, etc.) and assets/resources (checking and/or savings accounts, life insurance, property, stocks, etc.) of the applicant is required. For children under 18 on a waiver, parental income and resources are disregarded. Only items actually owned by the child and the child's income will be considered; parents or guardians are not required to disclose their own income. Medicaid has a limit of \$1,500 for owned assets for a single person. Income eligibility levels will vary depending on the type of waiver, medical expenses, the number of dependents a person has, and whether the income is from employment.

You may be eligible for more than one waiver, and may apply for all that are appropriate. For example, anyone applying for the Autism Waiver could also apply for the Developmental Disabilities (DD) Waiver. Although a person may only be served by one waiver at a time, some waiver waiting lists are shorter than others. For example, people who are on the Support Services Waiver can also be on the waiting list for the DD and/or Autism Waivers. Currently there is no waiting list for the Support Services Waiver or the Assisted Living Waiver.

What Services Are Available Through Waivers?

There are many different services that may be provided on a waiver. The type of service(s) you may receive will depend on which specific waiver program you are on, your individual needs and the services you choose. Different waivers may have completely different names for services that are the same or nearly the same. Specific allowable activities may vary from waiver to waiver. For example, the Developmental Disabilities and Support Services Waivers do not list personal assistance as a separate service but that service is provided under community and/or residential habilitation depending on the waiver and where the assistance is needed.

Your case manager will assist in explaining when and how you can use a service, and if it is available. He/she will also explain any service limitations, and provide the names of agencies and individuals where the services are available. See: What Is Informed Choice? on page 14, and How Do You Select Good Providers? on page 15.

Information on how to apply for and obtain waiver services is provided later in this booklet. The following pages describe the home and community-based services that are available through the waiver programs.

Description Of Waiver Services

Adult Companion Services: Non-medical care, supervision and socialization. May include light housekeeping tasks performed which are incidental to care and supervision. (Traumatic Brain Injury Waiver)

Adult Day Services (ADS): Structured, comprehensive, non-residential, community-based group programs designed to meet the needs of adults with disabilities through individual plans of care. ADS provide a variety of health, social, recreational and therapeutic activities, supervision, support, meals, and in some cases personal care. Includes 3 service levels: Basic, Enhanced, and Intensive. (Aged and Disabled, DD, Support Services and Autism Waivers)

Adult Foster Care: Personal care, homemaker, chore, attendant care, companion, provided in a private home by a foster care provider who lives in the home. (DD and Support Services Waivers)

Assisted Living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight, therapeutic social and recreational programming provided in a home-like environment in a licensed community care facility. Includes 24-hour on-site response staff to meet scheduled or unpredictable needs. (Assisted Living and Aged and Disabled Waivers)

Assistive Technology: see Specialized Medical Equipment and Devices

Attendant Care: See Personal Assistance and also Community Habilitation and Residential Habilitation

Behavior Management/Behavior Programming/Counseling and Training/Crisis Intervention/Applied Behavior Analysis: Training, supervision, and assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors. (DD, Support Services, Autism, and Traumatic Brain Injury Waivers)

Case Management: Help to locate, coordinate, and monitor waiver services, as well as other services needed to meet the specific needs of the person and family. (All waiver participants receive case management. People using any of the three developmental disability waivers receive case management through regular Medicaid.)

Community Education and Training Services: An allowance of \$2,000 per year for individuals to participate in community activities such as vocational classes, special camps, public events, etc. (DD and Support Services Waivers)

Community Habilitation and Participation: Services outside the home (including personal assistance) that support participation in typical activities of community life that are desired and chosen by the general population. This includes a wide variety of opportunities to facilitate and build relationships and natural supports in the community, such as community exploration, companionship with friends and peers, leisure activities, hobbies, community events, etc. Also includes day habilitation facilities or centers. (DD Waiver and Support Services Waivers)

Congregate Care: Providers of subsidized housing provide optional 24-hour supervision and coordinate services through preferred provider contracting for individuals who reside in individual living units/apartments. The frequency, duration, and scope of these services are identified in the individual's Plan of Care. People are informed that they have freedom to refuse Congregate Care and choose different providers utilizing traditional services such as homemaker, attendant, Adult Day Services, etc., offered through the waiver. (Aged and Disabled Waiver)

Day Habilitation/Group/Structured Day Program: Regularly scheduled activities that focus on training to enhance social and daily living skills apart from the individual's living arrangement. The person must have an Individual Program Plan (IPP) listing goals and objectives. (Autism, and Traumatic Brain Injury Waivers)

Enhanced Dental Services: Services beyond what regular state plan Medicaid services will cover. (DD and Support Services Waivers)

Expenses of Unrelated Live-In Caregiver: Reimbursement directly to the waiver recipient to offset rent and food expenses for an unrelated caregiver living in the recipient's home. (DD and Support Services Waivers)

Family and Caregiver Training: Service provides identified training and education related to disabilities, community integration, parenting, family dynamics, stress management, behavior interventions and mental health to a parent, other family members or primary caregiver. (DD, Support Services, and Autism Waivers)

Health Care Coordination: Medical coordination provided by an RN or LPN to manage the health care of the individual including physician consultations, medication ordering, and development and oversight of a health care support plan. (DD and Support Services Waivers)

Home-Delivered Meals: Provides meals to people unable to prepare their own meals, and for whom there are no other people available to do so. Limited to one-meal-per-day. (Aged and Disabled Waiver)

Home/Environmental Modifications: Necessary adaptations to the home that ensure the health, safety, and welfare of the individual, and enable the individual to function with greater independence in the home. There is a lifetime cap of \$5,000 for Aged and Disabled, \$10,000 for the Autism, Medically Fragile Children, and Traumatic Brain Injury, and \$15,000 for the DD Waiver. (Not available on Assisted Living or Support Services Waivers)

Homemaker: General household activities that are provided when the person or an informal caregiver is unable to manage the home. (Aged and Disabled and Traumatic Brain Injury Waivers)

Independent Living Skills Training/Residential-Based Habilitation: Goal-oriented activities aimed at assisting the individual to acquire, retain, or improve skills that directly affect the ability to reside as independently as possible in the community. The person must have an Individual Program Plan (IPP) listing goals and objectives. (Autism, and Traumatic Brain Injury Waivers)

Music Therapy: Systematic application of music in the treatment of the physiological and psychological aspects of a disability. (DD and Support Services Waivers)

Nutritional Counseling: Evaluation and medically approved nutritional counseling to improve nutritional lifestyle and wellness. (DD and Support Services Waivers)

Occupational Therapy: Evaluation, treatment, and training programs including design, fabrication, and adaptation of materials, and equipment to meet individual needs in assisting independence. (DD, Support Services, Autism, and Traumatic Brain Injury Waivers)

Personal Care/Attendant Care/Personal Assistance: Assistance to meet daily living needs and ensure adequate functioning in a community-based setting. Some allowable activities include assistance with dressing, eating, bathing, personal hygiene, activities of daily living, meal preparation, and household chores. (Medically Fragile Children, Traumatic Brain Injury, Aged and Disabled, and Autism Waivers) The other waivers provide similar services under different names.

Personal Emergency Response System: An electronic device that enables the individual to secure help in case of an emergency. This is covered under adaptive aids and devices in the Aged and Disabled Waiver (DD, Support Services, Autism, and Traumatic Brain Injury Waivers)

Pest Control: Services that prevent, suppress, or eradicate pest infestation such as roaches, mosquitoes, fleas, mites, ticks; rats and mice. (Aged and Disabled Waiver)

Physical Therapy: Treatment and training designed to preserve and improve abilities for independent functioning, such as gross motor skills, fine motor skills, range of motion, strength, muscle tone, and mobility. (DD, Support Services, Traumatic Brain Injury, and Autism Waivers)

Pre-Vocational Services: Preparation for paid or unpaid employment, through activities that are not job-task oriented. (DD, Support Services, Autism, and Traumatic Brain Injury Waivers)

Psychological Therapy: Services provided by a Psychologist that lead to changes from a less adaptive state to a more adaptive state in the individual's thoughts, feelings, and behavior. (DD and Support Services Waivers)

Recreational Therapy: Medically approved recreation program the purpose of which is to restore, remeditate, or rehabilitate in order to improve functioning and independence, as well as reduce or eliminate the effects of a disability. (DD and Support Services Waivers)

Residential Care/Community Residential Services: Hands on assistance and supervision with physical needs, support services, and incidental home care tasks. (Traumatic Brain Injury Waiver)

Residential Habilitation and Support: Services and supports which are designed to ensure the health, safety and welfare of an individual, and to assist in the acquisition, retention and/or improvement in skills necessary to support individuals to live successfully in their homes. Includes personal assistance. (DD Waiver)

Respite Care: Periodic, short-term care to a person when the family member or the primary caregiver cannot be there, or needs rest from his or her responsibilities. Does not include "child care" to enable caregivers to work. (All Waivers except Assisted Living)

Specialized Medical Equipment and Supplies/ Adaptive Aids and Devices /Assistive Technology: Devices (communications equipment, computer adaptations, etc.), vehicle modifications, wheelchairs, environmental controls, safety restraints, or other equipment that increase the individual's independence. Includes assessment, inspection and training if needed. (Aged and Disabled, DD, Support Services, Traumatic Brain Injury, and Autism Waivers)

Speech (Hearing) and Language Therapy: Service seeks to improve, maintain, or slow regression of the ability to communicate. (DD, Support Services, Traumatic Brain Injury, and Autism Waivers)

Supported Employment: Needed supports for individuals to establish and maintain employment in work settings in which people without disabilities are employed. (DD, Support Services, Traumatic Brain Injury, and Autism Waivers)

Supported Living Services: Service is designed to assist individuals who live in their own home, apartment, or family home, by providing training and/or support to live independently in the community. (Autism Waiver) Other waivers provide similar services, for example, under Residential and/or Community Habilitation.

Transportation: The transportation needed to access community resources. (DD and Support Services Waivers only) For the Autism Waiver, transportation is limited to transporting individuals "to" and "from" habilitation services.

What Other (Non-Waiver) State In-Home Services Are Available?

The Medicaid waiver recipient may also be eligible for other programs and services beyond the scope of the waiver. These services may be used while waiting for a waiver or to help supplement a waiver. People not eligible for a waiver may also be able to access these services. Some of the services available are listed below.

Regular Medicaid: Since the waiver recipient is also enrolled in regular Medicaid, both programs are used to meet the person's needs. The local Division of Family and Children (DFC) can provide more comprehensive information about services available and limitations of the program (See page 28). A brief list of regular Medicaid services includes (but is not limited to) the following:

- Inpatient, outpatient and emergency hospital
- Family planning services and supplies
- Durable medical equipment and supplies
- Nursing facility
- Long term care home health services
- Rural health clinics and health centers
- Other care services (PT, OT, speech, etc.)
- Lab and X-ray, prescribed drugs
- Mental health services
- Dental services

- Nurse practitioners
- Psychiatric hospital (under 21 and over 65)
- EPSDT (under age 21)
- Prosthetic devices
- Eyeglasses
- Diagnostic/screening/preventative
- Rehabilitation
- Case management for select individuals
- Hospice care
- Transportation

Medicaid for Employees with Disabilities (M.E.D. Works): A new Medicaid work incentive. Working individuals with disabilities can participate in this new Medicaid program and may pay a premium based on their earned income to continue Medicaid coverage. The premiums are calculated at a lower rate than spend down and replace traditional spend down. M.E.D. Works provides the full-range of traditional Medicaid-covered services and requires the same co-payments for certain services. Additionally, other new incentives are available through this program to support working individuals with disabilities. Contact your local Division of Family and Children (DFC) office for enrollment information (See page 28).

Targeted Case Management: Help to locate, coordinate, and monitor services for any person with developmental disabilities who receives Medicaid. Individuals who receive services under the DD, Support Services, or Autism Waiver must receive all of their case management through Targeted Case Management because case management is not included as a waiver service. In addition, individuals on a waiver waiting list, individuals receiving services through state funds, and other individuals can receive this specialized case management service. Call your local Bureau of Developmental Disabilities Services (BDDS) office to apply (See page 27).

Family Subsidy Program: Provides limited financial support for families to keep the family member with developmental disabilities (DD) in their natural home. Family members can access assistance such as respite care, emergency medical supports, and assistive technology support. For more information, contact the BDDS office in your area (See page 27 for a list of offices).

CHOICE: A state-funded program under the Bureau of Aging and In-Home Services that provides support to both the elderly and people with disabilities including children. In-home services such as respite care, home modification, personal assistance, and other services can be accessed. There is a waiting list for services. For more information contact your local Area Agency on Aging (See page 26 or call 1-800-986-3505).

Revised 9/2002

State Funded Supported Living Services: An array of residential services that allow individuals with developmental disabilities to be supported in their own homes. State funds may be used when other funds are not available, for example if eligibility for a Medicaid waiver is lost. For more information or to apply, contact the Bureau of Developmental Disabilities Services office in your area (See page 27).

Department of Education/Division of Exception Learners-Community-Supported Services: Intensive special education and related services, necessary to enable the student to remain in the community, without resorting to residential placement or to return the student to the local community from a residential placement. The student's case conference committee determines if community-supported services are needed to meet the student's extraordinary educational need, after the public agency's continuum of services has been exhausted. For more information contact the Special Education Director at your local school corporation.

Employment Supports: A wide range of supports is available for people with disabilities who are seeking employment. For more information, contact your local Vocational Rehabilitation Services' office.

Section 8 Rent Subsidy: For individuals on a limited income, rent subsidies, such as Section 8 vouchers, may be available through local housing agencies/authorities. These subsidies allow people with limited income to live in an integrated environment in a regular apartment building. People from communities that do not have local housing agencies/authorities should contact the state Section 8 Housing Manager at 1-800-345-7763 ext. 2-7059.

Section 8 Home Ownership Program: For eligible individuals and families with low income, Section 8 vouchers can be used as mortgage subsidies rather than strictly for rent. This program is not currently available in all communities. Call the Section 8 Home Ownership coordinator at 1-800-622-4993, ext. 2-7059

Self-Directed Care or Private Hire: Individuals who receive attendant/personal care services under a Medicaid waiver or CHOICE (or the person who is responsible for making health related decisions for the individual) have the option to assume the responsibility to initiate self-directed care and exercise judgment regarding the manner in which those services are delivered, including the decision to employ, train, and dismiss a personal service attendant. Speak to your case manager about this option.

Where Can You Live And Receive Waiver Services?

Waiver services are individually tailored supports that enable people to live successfully in home and community settings. These settings include:

Family Home: A person living in his or her family home, or in the home of his or her extended family or guardian, can receive waiver services. The services can support the family as well as help the person develop and maintain daily life skills, and become more involved in the community where he or she lives.

House/Apartment: A person can live in his or her own home with or without a housemate(s) and receive waiver services. "Own home" means a home that is not licensed as a foster home or as an ICF/MR. An example of a person's own home may include an apartment, house, etc.

Foster Care/Householder: A person with a developmental disability can live in a specialized foster care home. For adults this program is approved and monitored by the Bureau of Developmental Disabilities Services (BDDS). For children the program is approved and monitored by BDDS and the Division of Family and Children.

What is the Enrollment Process?

Aged & Disabled, Assisted Living, Medically Fragile Children's, Traumatic Brain Injury

Autism, Developmental Disability, Support Services

- Contact local Area Agency on Aging (AAA) for waiver
- Contact local Division of Family and Children (DFC) for Medicaid
- Case manager completes application in 15 days
- Applicant on waiting list, if applicable

WAIVER APPLICATION

- Contact local Bureau of Developmental Disabilities Services (BDDS) or participating Area Agency on Aging (AAA) for waiver
- Contact local Division of Family and Children (DFC) for Medicaid
- Applicant on waiting list, if applicable No wait for Support Services Waiver

TARGETED FOR WAIVER

- Division of Disability Aging and Rehabilitative Services (DDARS) maintains the waiting list. When a slot is available they notify AAA.
- AAA contacts applicant in 3 days

ASSESSMENT/ELIGIBILITY

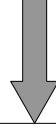
- Intake case manager contacts applicant in 14 days
- Level of care determined
- Ongoing case manager is selected if you are determined eligible

ASSESSMENT/ELIGIBILITY

- AAA case manager arranges for evaluation & exam in 7 days
- Case manager gathers Level of Care information & submits to OMPP within 40 days of "target" date
- OMPP determines Level of Care in 3 days & sends to DDARS
- DDARS sends Level of Care to AAA within 2 days
- Ongoing case manager is selected

TARGETED FOR WAIVER

• Case manager verifies Level of Care and contacts applicant





- Person Centered Planning & Plan of Care is completed.
- Plan of Care sent to AAA case manager
- AAA submits Plan of Care to DDARS within 50 days of "target"
- DDARS reviews & returns to AAA within 3 days

PLAN DEVELOPMENT

- Person Centered Planning/Individual Support Plan and Plan of Care completed
- BDDS local office reviews Plan of Care within 5 days
- BDDS Central Office reviews Plan of Care within 7 days



- Notice of Action form sent to you within 60 days of "target"
- Providers contact you and services begin

SERVICE BEGINS

- Notice of Action form sent to you
- Providers contact you and services begin
- * If timelines aren't met, contact your case manager
- * If at any point, eligibility or services are denied, you will be notified in writing and have appeal rights. See page 21 for information on appeals

Medicaid Waiver Myths

Despite everyone's best effort to provide training and updated information, there are still some common Indiana Medicaid and Home and Community-Based Waiver myths that persist. The following is a list of common myths along with the facts about the issue and suggested solutions. If the issue is with your case manager/case management agency, or if you have attempted the suggested solution and still have questions/concerns, please refer to page 18, How are Problems Resolved and Quality Monitored?

Myth: When applying for Medicaid for a child under the age of 18 who is in the Medicaid waiver enrollment

process, families must provide information on parental income and resources.

Fact: Only the income and resources of a child are counted if the child is enrolling in or receiving

waiver services. When a person turns 18, he or she is considered an adult and, again only his

or her income and resources are counted for Medicaid eligibility.

Solution: Mention that your application falls under Senate Bill 30 provisions. Senate Bill 30, passed in 1991,

allows parental income and resources to be disregarded when determining Medicaid eligibility for children under the age of 18 who are in a Medicaid certified facility or who are enrolled or in the enrollment process for a Medicaid Waiver. If this does not work, ask to speak to the office supervisor.

If that does not work call the state DFC office of Medicaid policy (See page 32).

Myth: I am sorry but your Plan of Care cannot be increased, because it will put you over the cost cap.

Fact: With the exception of the Support Services Waiver, there are no overall individual waiver cost

caps; however, there are some limits on specific services.

Solution: Ask to speak with your case manager's supervisor.

Myth: You cannot change to a different provider at this time because...

Fact: You can change to a different approved provider, including a case manager, at anytime...there

is no because.

Solution: Inform your case manager that you want to change providers. In some cases the change can be

made immediately, in other cases it may take time to find a new provider that can meet the individual's specific needs. If you want to change your case manager contact your local AAA or BDDS office and

ask for a list of approved case managers. See page 26 and 27.

Myth: If you are on the Developmental Disabilities Waiver you must utilize one of the habilitation services.

Fact: You are not required to utilize any specific waiver service or combination of services. Each

Plan of Care is individually tailored to meet each individuals needs. Those needs may be met

in a variety of ways other than utilizing a waiver service.

Solution: Ask to speak with your case manager or the case manager's supervisor.

Myth: Now that I am on the waiver, it can follow me wherever I move.

Fact: If you move out of the State of Indiana, the waiver does not transfer with you. It will follow you

as long as you stay in the state, although the number and choice of providers may vary.

Solution: Prior to moving to another state, make sure your new community has the appropriate support services

you will need and that they are readily available. Ask if there is a waiting list.

Myth: Once I get on a waiver, I will always be eligible.

Fact: Both Medicaid eligibility and Waiver eligibility must be redetermined annually.

Solution: Make sure to keep your appointments regarding eligibility redetermination, for your Waiver and

Medicaid. Make sure you notify your case manager immediately if you are going to have difficulty

keeping an appointment.

Myth: Your Plan of Care needs to include extra services now to ensure you can get what you need later. Fact: The Plan of Care is to be based on the individual's current needs. When those needs change,

the Plan is to be revised accordingly.

Solution: Ask to speak with your case manager or the case manager's supervisor.

Myth: You can only be on one waiver waiting list at a time.

Fact: There are reasons why it would be appropriate to be on more than one waiver waiting list at a

time. For example, waiting lists move at different rates so it may make sense to be on the list

for as many waivers as you are eligible for.

Solution: Contact the Bureau of Quality Improvement Services at 1-800-545-7763, ext 4-1144 and 4-1143.

Myth: If you are already getting waiver services, you cannot be on a waiting list for a different waiver.

Fact: There are reasons why it would be appropriate to be on one waiver and be on the waiting list

for a different waiver. For example, if you are receiving the Support Services Waiver but need more extensive supports in the future, you might also be on the waiting list for the Autism

and/or DD Waiver.

Solution: Contact the Bureau of Quality Improvement Services at 1-800-545-7763, ext 4-1144 or 4-1143.

How Do You Apply For Waiver Services?

To apply for a Medicaid waiver, contact your local Area Agency on Aging (AAA) office and ask for a Medicaid waiver intake case manager. If you are a person with developmental disabilities (DD) contact the local Bureau of Developmental Disabilities Services (BDDS) office. Some AAA offices also accept applications for DD Waivers. Most Waiver programs have a waiting list. The date and time your application is signed will determine your position on the waiting list. Be sure to keep a copy of your application for documentation purposes.

Your intake case manager will work with you during the enrollment process, to help insure that the appropriate information gets to the various agencies involved. In addition to applying for the Medicaid waiver, applicants not already on Medicaid must also apply for regular Medicaid at the local Division of Family and Children office (See page 28). The intake case manager will assist with this process. Medicaid eligibility standards may be different if you are in the waiver enrollment process so be sure to bring verification of your waiver slot when you apply. See: Who is Eligible for Waiver Services? on page 5, for more information about applying for Medicaid. If you have a developmental disability and are eligible for Medicaid, you are eligible to receive intake and on-going case management services, even if you do not receive waiver services.

What Is Level Of Care?

One of the variables used to determine your eligibility to receive home based care under a Medicaid waiver is your eligibility for care in a nursing facility, a hospital, or in the case of a person with a developmental disability, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), or group home. Waiver services are reserved for people who would require or be eligible for placement in an institutional setting, without the waiver services and other community or family supports. Waiver services, combined with other community supports, replace institutional care. The Area Agency on Aging or Bureau of Developmental Disabilities Services will coordinate, along with other professionals, the assessment of your need for the level of care provided in a facility or group home.

Level of care determination is based on medical, functional, and/or developmental information. If you meet the level of care required for placement in a facility, you meet the level of care for waiver services as well. Level of care status is reviewed annually to determine your continuing eligibility for waiver services. If you disagree with the decision regarding your level of care, you may request a hearing to appeal the decision.

What Is Person Centered Planning?

Person centered planning is a process whereby people with disabilities and their families direct the planning and allocation of resources to meet their own individual life goals.

This personal life plan:

- Should be based on a person's preferences, dreams and needs;
- Understands how a person makes decisions;
- Understands how a person is and can be productive;
- Discovers what the person likes and dislikes;
- Understands a person's preferences;
- Encourages and supports long-term hopes and dreams;
- Understands what supports are needed for this lifestyle;
- Is supported by a short-term support plan based on reasonable costs and support needs;
- Includes a range of responsibility; and
- Includes a range of supports including funded and community natural supports.

Person centered planning should be conducted based on the needs of the person, but at least annually.

What Is A Plan Of Care?

A Plan of Care should be developed using a person centered planning approach. Based on the results of the initial assessment of the person's individual needs or the annual assessment of needs, a team develops a comprehensive Plan of Care. This plan is based on the services and providers chosen by the person or the legal representative.

The team consists of the applicant/guardian, the case manager, and other people you choose to be involved in the planning process; i.e. friends, family, neighbors, co-workers, providers, teachers, etc.

The Plan of Care includes:

- Identification of necessary services and supports, including total hours and costs;
- Documentation of what services will be provided;
- Selection of providers for each service; and
- Documentation of unmet needs and how they will be addressed.

What Is Informed Choice?

Informed choice means the person, family, or legal guardian makes a voluntary decision after becoming familiarized with the alternatives. Once a person is chosen (or "targeted") to receive a waiver slot, is Medicaid eligible, and has met level of care approval, the person or the legal guardian if any, will be asked to formulate a plan of care. People are asked to make informed choices about:

- The type of service options they want to receive;
- How much of each service they need;
- From which approved provider they want to receive the services; and
- From which case manager they want to receive ongoing case management services.

A list of certified waiver providers, including case managers, is available from the AAA office or the local BDDS office. You can also find information on providers on the Internet at: www.TheArcLink.org

You may be able to make an informed choice by reading information, such as this booklet, or by discussing alternatives with the case manager, or an advocate. You may want to visit a home where waiver services are provided, meet with various service providers, or speak with other people who are receiving services. Case managers can assist in setting up visits or meeting with service providers.

During the provider screening process, the intake case manager will assist in determining eligibility. However, the type of service is always a decision made by the person/family. There may be options available other than waiver services, such as those already described in this manual.

All services provided under the waiver, including ongoing case management, are subject to choice by each person served. If at any time you are dissatisfied with services provided by any of the above, you have the right to change to a different provider as long as they are certified by the Medicaid program for your area. If a provider decides to discontinue services to you, they must give you a thirty-day written notice. The process is designed to be flexible to meet peoples' changing needs. If things are not going as you hoped, it might be time to consider a change to your plan, or in one or more of your providers. Freedom of choice is the most important right guaranteed under the waiver program. Exercising your freedom of choice is the best way to guarantee you receive the services that you need. If you are a person with a Developmental Disability served by a waiver or concerned about such a person you can contact the **DD Waiver Ombudsman at 1-800-622-4484** for assistance in resolving your complaints.

How Do You Select Good Providers?

Selecting good providers is critical. It's helpful to think about the issues that are important to you/your family member before you begin the process. On the following pages are some questions to consider when selecting waiver providers. Which questions you ask will depend on what kind of service it is, and whether the person being served lives in their own home, their family home, or an apartment with or without housemates. Many of the questions are applicable to any setting, and others can be skipped or modified as needed.

Sometimes providers can arrange for you to visit people who are receiving services from them. If you visit a house or apartment where waiver services are being provided, please remember that you are visiting someone's home.

When meeting with providers or case managers, it is important to take notes, because it is easy to forget details later. Ask for copies of any written materials, write down names, titles, etc., and the date of the meeting. It's important to maintain accurate information.

General Topics to Discuss with Service Providers and Case Managers

- 1. Discuss all areas of service that are absolute requirements for you/your family member such as; medications always administered on time, 24 hour direct supervision, sign language training, etc.
- 2. What makes you/your family member happy? What causes pain? How will the provider maximize opportunities for the first, and minimize or eliminate instances of the second?
- 3. What things do you/your family member want to have happen? A job? Member of a church? How many housemates? Living within a half hour drive of family? Anything else? Are these wishes or requirements?
- 4. What are the risks for you/your family member? For example, daily seizures, no street safety skills, does not talk or use sign language, forgetful, hits others when angry. How will agency deal with those risks?

Specific Questions to Ask a Case Manager

- 1. What is your experience working with people with disabilities or elderly?
- 2. How would you ensure the implementation of my person-centered plan?
- 3. What connections have you established in my community? How would you assist me in building a support system in my community?
- 4. In what capacity do you see yourself fitting into my team of family and friends, and with each of the service providers that I have chosen?
- 5. What, and how often, would you routinely communicate with me and other team members? How do you approach negotiation and conflict resolution among team members?
- 6. Can I page or call you in the event of an emergency?
- 7. How often would you expect to see me/my family member each month?

Questions For Consumers and Families to Ask Prospective Service Providers

- 1. What is the provider's mission? Does it match the intent you are seeking?
- 2. Is the provider certified, accredited, or licensed? What are the standards of service?
- 3. What kind of safety measures does the provider have to protect and assure treatment?
- 4. How does the provider assure compliance with patient rights? Are consumers and families given copies of their rights, as well as explained these rights?
- 5. Is the provider interested in what you or your family member wants or dreams about?
- 6. Is the provider connected to other programs that your family member may need, such as day support, local school/education services, or work programs? How are they connected?
- 7. If the person is to live in a home shared with other people, can families drop in whenever they wish?
- 8. How are birthdays, vacations, and special events handled? Will staff go with the family on vacation?
- 9. How would family member's money issues be handled? What is the policy on client finances?
- 10. How would minor illnesses and injuries be handled? Major illnesses/injuries?
- 11. What kinds of things are routinely reported to families?
- 12. How are complaints handled? Can we get a copy of your policies and procedures? Is there someone else who family members can talk to if there is a disagreement?
- 13. How are behavior problems handled? Are staff allowed to contact a behavioral support provider? How are new staff trained on the behavior support plan? Are they trained before working with our family member?

- 14. How is medication handled? What happens if medication is refused?
- 15. What is the smoking policy?
- 16. Does staff actively encourage socially acceptable behavior?
- 17. How are planning meetings scheduled and conducted, and who attends? Are families included? Can a family member call a meeting? How do you assure that what is agreed on in the meeting actually is provided?
- 18. Who would your contact be, and how will that contact occur, and how often? Is someone available 24 hours a day in case of emergencies?
- 19. How many individuals have you terminated from services? Why? What happened to them?
- 20. Have you had any abuse/neglect allegations? What were the outcomes? What is your process for addressing abuse/neglect allegations?
- 21. What challenges do you think my family member will create for you?
- 22. What does the provider describe as their strengths and weaknesses?
- 23. What is the process for hiring staff? Are background checks conducted and training given? What happens to our family member while a new staff person is hired and trained?
- 24. How is direct staff supervised? What training does the staff receive? What is the average experience or education of staff?
- 25. How is staffing covered if regular staff is ill? What happens if someone does not show up for their scheduled time? Has this ever happened? How often does it happen?
- 26. What is your staff turnover rate? How are staff respite needs handled?
- 27. What kind of supports do staff have? Who can staff call if a problem develops?

What to Look For and Ask About During Visits to Supported Living Settings

- 1. How do the staff and housemates interact? Do they seem to respect and like each other?
- 2. Does the environment look comfortable? Is there enough to do?
- 3. What kind of food is available and who picks it? Are choices encouraged, available? Are diets supervised?
- 4. Do people have access to banks, shops, restaurants, etc? How is transportation handled? Are trips to access these resources planned or on an as needed basis?
- 5. Is there a telephone available to housemates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control, other access features if needed)?
- 6. Do people have their own bedroom? Are they individually decorated?

- 7. Do housemates seem to get along well? What happens when they don't?
- 8. Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled?
- 9. Are pets allowed? What are the rules regarding pets?
- 10. How much time is spent in active learning (neighborhood, home or community) and leisure activities? Is there a good balance with unstructured time?
- 11. Is there evidence that personal hygiene and good grooming (hair, teeth, nails, etc.) are encouraged?
- 12. How are personal need items, clothing, etc. paid for?
- 13. Do people have privacy when they want to be alone or with a special friend?
- 14. Do people in the program belong to churches, clubs, community groups, etc?
- 15. Does staff knock on doors (and wait for a response) before entering a private room?
- 16. What kind of rules is there within the living situation? What are the consequences for breaking the rules?
- 17. Do people have opportunities to pursue individual interests or do they travel in a group with everyone doing the same thing, attending the same movie or church, etc.?

How Are Problems Resolved and Quality Monitored?

The Division of Disability, Aging and Rehabilitative Services (DDARS), providers, case managers, families, guardians and individuals receiving services all have an important role in helping maintain high quality services.

Individuals and Families

If you are having a problem with your service provider or case manager, talk with them first. If the issue is not resolved, speak with the head of the agency that employs that person. If you are having a problem with a service provider that you cannot resolve, ask your case manager for assistance. Your Area Agency on Aging or Bureau of Developmental Disabilities Services (BDDS) local office may also be able to help resolve problems with service providers and case managers (See page 26 and 27).

However, if the problem remains unresolved or if the problem is with your Area Agency on Aging or local BDDS office, please call the Bureau of Quality Improvement Services (BQIS) at: 317-234-1144; 317-234-1143; or 1-800-545-7763, ext. 4-1144 or ext. 4-1143.

If the complaint involves someone with developmental disabilities receiving waiver services, you can also contact the DD Waiver Ombudsman at 1-800-622-4484. By law, the Ombudsman receives, investigates, and attempts to resolve complaints and concerns that are made by or on behalf of people with developmental disabilities in waiver programs.

Other resources for assistance in complaint resolution include:

- 1) Adult Protective Services (APS) 1-800-992-6978, provides least restrictive intervention for adults who are endangered by abuse, neglect, or exploitation.
- 2) Child Protective Services (CPS) 1-800-800-5556, protects children from abuse or neglect and prevents, remedies, or assists in solving problems that may result in abuse, neglect, exploitation or delinquency.
- 3) Protection and Advocacy Services (P&A) 1-800-622-4845, will investigate consumer complaints, assist in the appeals process, if needed, or take other action needed to resolve problems.
- 4) Fraud & Abuse Reporting/Medicaid Fraud Hot Line 1-800-382-1039.
- 5) You may also want to contact a local or state advocacy organization such as an Independent Living Center, IPIN, or The Arc of Indiana (See page 32).

Case Managers

Your case manager, who is the front line of quality assurance, monitors the delivery of the services on the approved plan to assure your needs are being met, and that you feel comfortable with the service provider. Your Plan of Care is reviewed quarterly by you and your case manager, and reassessed annually by the interdisciplinary team, but may be amended (changing services or providers) as frequently as necessary.

When your case manager identifies problems or concerns, he or she should work with the team to address the problems quickly and appropriately. This includes concerns or complaints that you bring to the case manager's attention.

Providers

All providers, including case managers, should have internal quality assurance and monitoring systems that assist them in identifying and rectifying problems quickly. These systems should include a complaint process, incident reporting process, and consumer satisfaction survey process. For example, the Area Agencies on Aging monitor quality of services through their internal quality assurance process, the case management process and by insuring that licensed certified providers are used.

DDARS

DDARS has in place quality assurance and quality improvement processes that assist the state in monitoring the entire service system and in resolving significant complaints and/or incidents. These processes include:

1. Provider & Case Management Standards

FSSA requires any agency or individual providing care through the waiver program, to meet certain standards. For example, an individual providing Homemaker Services must have experience in care-giving or managing a home, undergo a criminal background check, be healthy, and at least 18 years old. Agencies or individuals providing waiver services must document that they meet required standards and sign an agreement that they will adhere to these standards. Your case manager submits the Plan of Care (with the identified services and the providers you choose for each service) to Family and Social Services Administration (FSSA). An FSSA Waiver Specialist reviews each Plan of Care to confirm its appropriateness based on the person's needs.

The BQIS has staff dedicated to completing on site surveys of providers and case managers based on these standards. When significant issues are found during a survey, the provider and/or case manager is required to complete corrective action, and BQIS reviews the actions taken to assure that the issues are resolved satisfactorily. Families/guardians/people with disabilities receive copies of the survey results, including corrective action(s).

2. Quality of Life/Consumer Satisfaction Surveys

BQIS also completes quality of life surveys on a sample of people receiving services on waivers. The results of the surveys are compiled to help the Division identify areas of strength in the service delivery system, as well as areas of concern.

Note: People with disabilities and families are not required to participate in the above quality assurance surveys and assessments. While these processes have been designed to protect people and increase the responsiveness of the service delivery system, people may elect to opt out of the process if they wish.

3. Complaint Process

People receiving services, families/guardians, providers, case managers and others can file formal complaints with DDARS when issues are not resolved appropriately or in a timely manner. BQIS oversees investigations into complaints and tracks the information on the complaint database.

4. Incident Reporting Process

All providers of waiver services must report any incidents of suspected abuse, neglect or exploitation with Adult Protective Services or Child Protective Services. In addition, all providers of developmental disability services in community settings, including waiver services, must file an incident report with the BQIS when a critical incident occurs. BQIS establishes definitions of what constitutes critical, reportable incidents. BQIS maintains a database of incidents and follows up on all incidents not resolved within 7 days.

5. Other Quality Improvement Activities

In addition to the processes summarized above, DDARS has in place the following quality improvement activities that assist the Division in evaluating and making positive changes to the service delivery system.

National Core Indicators

Indiana participates in National Core Indicators (NCI), which is managed by the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute. This program includes a quality of life survey for individuals with developmental disabilities. The goal of the NCI is to develop nationally recognized performance and outcome indicators, enabling states to track system performance and outcomes year to year. Annual reports are published, and the first report including Indiana information should be available by early this fall and will be posted on the FSSA web site: http://www.state.in.us/fssa/.

- Quality Improvement Committee Structure that includes:
- 1) Consumer/Community Advisory Council, which functions as a voice for community/client input and concerns related to the actions of DDARS;
- 2) Standards Committee, which reviews the Provider and Case Management Standards for Supported Living and recommends amendment of existing standards and addition of new standards;
- 3) Risk Management Committee, which reviews aggregate information on incident reports as well as identifies and analyzes risk management issues; and
- 4) Mortality Review Committee, which reviews information about the deaths of people with developmental disabilities and receiving services through DDARS, identifies trends, suggests training needs, and develops recommendations that are designed to improve the quality of services.

What Are Your Appeal Rights?

An appeals process is available to any person who is denied initial eligibility for a waiver. This same process is also the right of a person who has been eligible and receiving services but has eligibility taken away in the annual review process. You also have the right to appeal the denial of a specific waiver service, such as an assistive technology device, a decrease (or increase) in services, any part of a Plan of Care or anything else with which you do not agree.

A waiver provider who decides to stop delivering a service to an individual must give a 30 day written notice to the person receiving service, the case manager and the state provider relations specialist. If proper notice is not given, the provider relations' specialist should be notified by calling the Division of Disability, Aging, and Rehabilitative Services at 1-800-545-7763 ext 2-7122.

Denial of non-waivered Medicaid services--referred to as "state plan" or "regular Medicaid" services--may also be appealed through a slightly different process.

If the state denies your eligibility for a program or service you will receive a notice of action. The notice of action will include the appeals procedure. It describes what should be sent with the written appeal, to whom it should be sent, and time lines. It is important to carefully follow the listed time lines. For example, in the case of the loss of eligibility, an appeal must be filed within 30 days; however, if you are currently receiving the benefit and you want the benefit to continue during the appeals process you must file "before the effective date of action". The effective date of action will be in the notice of action you receive.

If there are any doubts about the procedure, talk with your case manager, FSSA's Hearings and Appeal Section, Bureau of Aging and In-Home Services; Family and Social Services Administration (FSSA), or an advocacy organization such as Indiana Protection and Advocacy Services. See page 32 for contact information.

The state will schedule a hearing before an Administrative Law Judge and must send a written notice of the hearing at least ten days before the scheduled date. As the person who has filed an appeal, you have a right: to be represented at the hearing by legal counsel, advocate, friend, and/or relative; to review the entire case file prior to the hearing; to bring witnesses and cross-examine adverse witnesses; and to present evidence. Hearings are conducted in a Division of Family and Children office in the county of the person requesting the appeal.

The decision of the Administrative Law Judge may be further appealed by requesting an "agency review". This consists of a review by a Family and Social Services Administration designee, of the record from the hearing and the Administration Law Judge's decision, to determine if the decision was appropriate. No new evidence is accepted for the review; however, a "Memorandum of Law" summarizing the case may be submitted. To appeal the agency review decision you must file for judicial review in a court.

For further information regarding your appeal rights, contact your case manager. You may also contact one of the advocacy agencies for more information or support on appeals or services. If you are in doubt, always request an appeal. The appeals process is the only way to preserve your rights under federal and Indiana administrative law.

Glossary

Area Agencies on Aging (AAA)

Also known as Area Agencies or "Triple A". Coordinates intake and services elderly people and people with disabilities within a specific geographic area. Some Area Agencies have adopted names that better reflect their broader services, which include people with disabilities of all ages. (See page 26 for a list of offices)

Bureau of Aging and In-Home Services (BAIHS)

A part of Family and Social Services Administration/DDARS. BAIHS administers some of the seven Medicaid waivers, CHOICE, and other home and community-based services for people who have disabilities or are aging.

Bureau of Developmental Disabilities Services (BDDS)

The part of Family and Social Services Administration/DDARS that administers a variety of services for people with developmental disabilities, including the three Medicaid waivers for people with developmental disabilities. (See page 27 for a listing of local offices.)

Bureau of Quality Improvement Services (BQIS)

The part of the Family and Social Services Administration/DDARS that researches trends in service delivery, quality improvement and best practices, analyzes quality data, and assures compliance with quality standards.

Case Management

A case manager helps people obtain the supports needed to live as independently as possible in their community, by finding and coordinating available resources and services to meet the person's needs. Case managers also help to plan, monitor and evaluate the person's services, and assist with the process and necessary paperwork. This service coordination or case management is sometimes provided by the direct services agency, but may also be provided by the person's family or an advocate, or by a private case manager (such as with Medicaid Waiver services).

Centers for Medicare and Medicaid Services (CMS) (formerly HCFA)

The federal agency within the Department of Health and Human Services which directs the Medicare and Medicaid programs (Titles XVIII and XIX of the Social Security Act), and conducts research to support those programs. CMS approves all waivers and waiver amendments.

Community-Based Services

Health and support services provided in an individual's residence in order to maintain or restore health, and participation in community activities to minimize the effects of illness and disability.

Conversion

For the purpose of the Medicaid waiver, the closing of a Medicaid funded facility or a portion of the facility, and the shift of the funding for the facility's bed capacity to Medicaid waivers. The facility must have a closure or downsizing plan approved by the state in order to allow the funding to follow the person into the community.

Cost Comparison Budget (CCB)

Derived by the case manager from the Plan of Care and Service Planner to detail the cost of an individual's services. The CCB includes written explanation of the individual's need for the proposed services; the manner by which the services protect the individual's health and safety; the individual's needs that will not be met; and a description of emergency back-up plans. Individuals/guardians must sign the CCB.

DDARS

Division of Disability, Aging, and Rehabilitative Services, the part of FSSA that assists older adults and people with disabilities and their families who are in need of support to attain employment, self-sufficiency or independence. The Bureau of Aging and In-Home Services, Bureau of Developmental Disabilities Services, and Bureau of Quality Improvement Services are under DDARS.

De-institutionalization

Policy that describes the provision of supportive care and treatment for medically and socially dependent individuals in the community rather than in an institutional setting.

Developmental Disability (DD) Definition- DDARS

A severe, chronic disability which: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age 22; 3) is likely to continue indefinitely; 4) results in substantial limitations in three or more of the following seven areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care treatments or services which are of lifelong or extended duration, and are individually planned and coordinated. All criteria must be met in order for a person to be eligible for developmental disability (DD) services from BDDS.

Developmental Disability (DD) - ICF/MR Level of Care Definition

For the purposes of level of care eligibility for the DD, Support Services or Autism waivers the definition is as follows: 1) Mental retardation, autism, epilepsy, cerebral palsy or a condition (other than mental illness) similar to mental retardation that results in impairment of functioning similar to that of a mentally retarded person. See DDARS above: 2) same; 3) same; and 4) same except that there are six life areas (economic self-sufficiency is not included). The condition must result in the person requiring *24-hour supervision and needing lifelong or an extended duration, an aggressive program of both specialized and generic services, individually planned and coordinated by an interdisciplinary team, and intended to promote greater self-determination and functional independence.

*People must require access to 24-hour assistance as needed. This can be provided through emergency beepers, telephone systems or in other ways.

Department of Education (DOE)

The Division of Exceptional Learners (formerly Division of Special Education) is under this agency.

Disability

Any limitation of physical, mental, or social activity of an individual as compared with other individuals of similar age, sex, and occupation. Frequently refers to limitation of a person's usual or major activities, most commonly vocational. There are varying types (functional, vocational, learning), degrees (partial, total), and durations (temporary, permanent) of disability. Public programs often provide benefits for specific disabilities, such as total and permanent.

Division of Family and Children (DFC)

Local offices of the state Bureau of Family Resources also known as Family Independence, a part of FSSA. The agency provides a wide variety of services to children and families. Offices in each county serve as a single point of entry for many social services available to Hoosiers. Some of these services include: Medicaid, Disability Medicaid, Food Stamps, Temporary Assistance to Needy Families (TANF), and Hoosier Healthwise.

EPSDT

Early Periodic Screening, Diagnosis, and Treatment. Provides a comprehensive set of preventive and health care services to Medicaid-eligible children from birth to 21 years of age.

Foster Care

Specialized home programs designed for people with developmental disabilities.

FSSA

Family and Social Services Administration, an agency of the State of Indiana. FSSA provides services to families who have issues associated with: low income, mental illness, addiction, mental retardation, a disability, aging, and children who are at risk for healthy development.

Habilitation

For people with DD. See rehabilitation, in the glossary, for a list of the types of services that may be provided.

Health Care Financing Administration (HCFA) See - Centers for Medicare and Medicaid Services (CMS)

Hearings and Appeals

A section within FSSA that receives and processes appeals from participants in various FSSA programs. These programs include Medicaid waivers, Medicaid, Food Stamps, Temporary Assistance to Needy Families, and many others. Administrative hearings are held throughout Indiana, at which all parties have the opportunity to present their case to an impartial Administrative Law Judge.

Individual Community Living Budget (ICLB)

A Bureau of Developmental Disabilities Services (BDDS) form that obligates state line item dollars, for residential, employment, and/or habilitation services needed to supplement the other supports and/or income the person receives. It's a financial agreement between the individual, the provider, and BDDS.

Individualized Support Plan (ISP)

Documents the results of the Person Centered Planning process. The ISP is an attempt to translate the consumer's long and short-range goals into reality by creatively accommodating the existing resources, both financial and human, paid and volunteers, in the form of strategies geared to accomplish those goals.

Intermediate Care Facility for People with Mental Retardation (ICF/MR)

A facility in which individuals with developmental disabilities live together. There is 24 hour supervision by paid staff who provide assistance and training to help residents develop daily living skills, with programming for each individual's needs. These residences may be large, state operated or privately operated facilities, or group homes for 4 to 8 residents (small ICF/MR).

Medicaid (Title XIX)

A Federally aided, state-operated and administered program, which provides medical benefits for certain low-income people in need of health and medical care. Subject to broad federal guidelines, states determine the benefits covered, program eligibility, rates of payment for providers, and methods of administering the program.

MR

An abbreviation for "mental retardation". The preferred term is cognitive or intellectual disability.

Nursing Facility

An institution licensed to provide around the clock heath related care and services to people who don't require the degree treatment provided by a hospital. It includes freestanding institutions, or identifiable parts of other health facilities, which provide nursing and related services, personal care, and residential care, but not boarding homes.

Office of Medicaid Policy and Planning (OMPP)

OMPP is part of FSSA. Determines level of care for Intermediate Care Facilities for Mentally Retarded (ICF/MR), waivers, and nursing homes. It is responsible to the Centers for Medicare and Medicaid Services (CMS) for oversight of the Medicaid waiver program. It is also responsible for the Medicaid health care program overall.

Protection and Advocacy Services

A state agency that assists people with disabilities to resolve disability related problems, including problems with the service delivery system.

Provider

A generic term describing any individual, organization or company enrolled to provide services. Qualifications vary depending on the type of service provided.

Residential Living Allowance

An amount of state obligated funds allowed in the Individual Community Living Budget for an individual with developmental disabilities living expenses.

Rehabilitation

The coordinated use of medical, social, educational, and vocational measures for training or retraining individuals with disabilities to the highest possible level of functional ability. Several different types of rehabilitation are distinguished: vocational, social, psychological, medical, and educational.

Spend Down

People who are elderly, blind or disabled and who have too much income to be eligible for Medicaid, can become eligible by "spending-down" to Indiana's Medicaid income standard. Individuals pay the costs of their medical and remedial services each month until they have spent their excess income, and then Medicaid becomes effective and pays for the remainder of monthly medical expenses.

Supported Living

People live with personalized supports in their own homes or apartments (with or without housemates) with the goal of not only living independently in the community, but also establishing a sense and security of "place" and personal control over their homes and the assistance they require. Supported living assumes that everyone can live in their own home, if given appropriate support, and that everyone can learn most easily in the actual environment.

TheArcLink

www.TheArcLink.org provides information and resources to families and people with developmental disabilities. It provides a comprehensive database of approved providers, service coordinators, and how to apply for services.

Traumatic Brain Injury (TBI)

For the purpose of the Medicaid waiver, TBI is an injury to the brain due to an outside cause, including closed or open head injuries, toxic chemical reactions, anoxia, near drowning, and focal brain injuries. TBI does not include injuries that are vascular in origin (CVA or aneurysm), alcoholism, Alzheimer's disease or the infirmities of aging. As a result of the TBI, the person shows serious physical, cognitive, emotional or behavioral impairments.

Waiver

Policy which exempts specific traditional Medicaid requirements limiting eligibility, or allowing access to medical treatment and other programs in community-based settings in lieu of institutionalization.

Your Area Agency On Aging Office

To contact your local Area Agency on Aging toll free, dial 1-800-986-3505

AREA 1

LCEOC, Inc. 5518 Calumet Avenue Hammond, IN 46320 (219) 937-3500 (800) 826-7871 FAX (219) 932-0560

AREA 2

REAL Services, Inc. 1151 S. Michigan St., P.O. Box 1835 South Bend, IN 46634 (574) 233-8205 (800) 552-2916 FAX (574) 284-2642

AREA 3 Aging and In-Home Services of Northeast

201 E. Rudisill Boulevard Fort Wayne, IN 46806 (260) 745-1200 or (800) 552-3662 FAX (260) 456-1066

AREA 4 Agency on Aging & Community Action Programs

660 North 36th St. P.O. Box 4727 Lafayette, IN 47903-4727 (765) 447-7683 (800) 382-7556 TDD (765) 447-3307 FAX (765) 447-6862

AREA 5

Agency on Aging & Community Services, Inc.

1801 Smith Street, Suite 300 Logansport, IN 46947 (574) 722-4451 (800) 654-9421 FAX (574) 722-3447

AREA 6

Life Stream Services, Inc.

1701 Pilgrim Drive P.O. Box 308 Yorktown, IN 47396 (765) 759-1121 (800) 589-1121 FAX (765) 759-0060



ARFA 7

West Central Indiana Economic Development District, Inc.

1718 Wabash Ave., P.O. Box 359 Terre Haute, IN 47808 (812) 238-1561 or (800) 489-1561 FAX (812) 238-1564

AREA 8

CICOA The Access Network

4755 Kingsway Dr., Suite 200 Indianapolis, IN 46205-1560 (317) 254-5465 or (800) 489-9550 FAX (317) 254-5494

AREA 9

In-Home& Community Services Agency

520 South 9th St., Suite 100 Richmond, IN 47374 (765) 966-1795 or (800) 458-9345 FAX (765) 962-1190

AREA 10 Agency on Aging

7500 W. Reeves Road Bloomington, IN 47404 (812) 876-3383 or (800)844-1010 FAX (812) 876-9922

AREA 11

Aging & Community Services of

South Central Indiana, Inc.

1635 N. National Rd, P.O. Box 904 Columbus, IN 47202-0904 (812) 372-6918 FAX (812) 372-7846

AREA 12

LifeTime Resources, Inc.

13091 Benedict Drive Dillsboro, IN 47018 (812) 432-5215 (800) 742-5001 FAX* (812) 432-3822

AREA 13 Generations

P.O. Box 314 Vincennes, IN 47591 (812) 888-4292 (800) 742-9002 TDD (812) 888-5762 FAX (812) 888-4566

AREA 14

Life Span Resources, Inc.

426 Bank Street, # 100, P.O. Box 995 New Albany, IN 47151-0995 (812) 948-8330 FAX (812) 948-0147

AREA 15

Hoosier Uplands Agency on Aging and Disability Services

521 West Main Street Mitchell, IN 47446 (812) 849-4457 (800) 333-2451 FAX (812) 849-4467

AREA 16 Southwester

Southwestern Indiana Regional Council on Aging, Inc.

16 West Virginia St P.O. Box 3938 Evansville, IN 47737-3938 (812) 464-7800 (800) 253-2188 FAX (812) 464-7811

Your Bureau of Developmental Disabilities Services Office

District 1 Merrillville

5800 Broadway, Suite P Merrillville, IN 46410 (219) 887-0503 Fax: (219) 985-8652 (877) 218-3053

District 2 South Bend

215 S. St. Joseph St., Suite 401 South Bend, IN 46601-2022 (219) 232-1412 Fax: (219) 287-5482 (877) 218-3059

District 3 Fort Wayne

219 W. Wayne St. Fort Wayne, IN 46802 (219) 423-2571 Fax: (219) 424-2830 (877) 218-3061

District 4 Greencastle

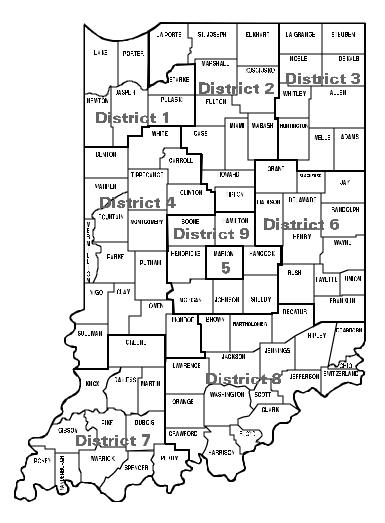
608 Tennessee St Greencastle, IN 46135 (765) 653-2468 Fax: (765) 653-7152 (877) 218-3096

District 5 Indianapolis

4701 N. Keystone, Suite 200 Indianapolis, IN 46205-1541 (317) 254-2065 Fax: (317) 254-2075 (877) 218-3530

District 6 Muncie

1100 Martin Luther King Blvd, Suite 4 Muncie, IN 47304 (765) 288-6516 Fax: (765) 288-8529 (877) 218-3531



District 7 Evansville

700 E. Walnut St. Evansville, IN 47713 (812) 423-8449 Fax: (812) 428-4146 (877) 218-3528

District 8-A Clarksville

P. O. Box 2517 1452 Vaxter Ave Clarksville, IN 47131-2517 (812) 283-1040 Fax: (812) 285-9533 (877) 218-3529

District 8-B Seymour

200 E. Third St. P. O. Box 930 Seymour, IN 47274-0930 (812) 522-5859 Fax: (812) 523-1160 (877) 218-3532

District 9 Surrounding Marion County

4701 N. Keystone, Suite 200 Indianapolis, IN 46205-1541 (317) 254-2065 Fax: (317) 254-2075 (877) 218-3530

Your Division of Family and Children Office

Check your local telephone book for counties with multiple office locations or go to: www.in.gov/fssa/children/dfc/

ADAMS CO. OFFICE 1145 Bollman St., P.O. Box 227 Decatur, IN 46733 260-724-5338 Director: Steven E. Scott

ALLEN CO. OFFICE 201 E. Rudisill Blvd., Suite 100 Fort Wayne, IN 46806 260-458-6200 Director: Jon Ray

BARTHOLOMEW CO. 2330 Midway St., Suite 3, P.O. Box 587 Columbus, IN 47202-0587 812-376-9361 Director: Keith Weedman

BENTON CO. OFFICE 403 W. 5th St., P.O. Box 226 Fowler, IN 47944-0026 765-884-0120 Director: Elva A James

BLACKFORD CO. OFFICE 124 N. Jefferson St., P.O. Box 717 Hartford City, IN 47348 765-348-2902 Director: Betty Lyons

BOONE CO. OFFICE 953 Monument Dr., P.O. Box 548 Lebanon, IN 46052 765-482-3023 Director: Rhonda Allen

BROWN CO. OFFICE 121 Locust Lane, P.O. Box 325 Nashville, IN 47448 812-988-2239 Director: Debbie Taylor CARROLL CO. OFFICE 6931 West 300 North, P.O. Box 276 Delphi, IN 46923 765-564-2409

Director: Gilbert Smith

CASS CO. OFFICE 1714 Dividend Drive Logansport, IN 46947 574-722-3677 Director: Anita Closson

CLARK CO. OFFICE 1200 Madison St. Clarksville, IN 47129 812-288-5400

Director: John Kaiser

CLAY CO. OFFICE 1015 E. National Ave. Brazil, IN 47834 812-448-8731 Director: Sandra K. Bell

CLINTON CO. OFFICE 57 N. Jackson St., P.O. Box 725 Frankfort, IN 46041 765-654-8571 Director: Philip E. Brown

CRAWFORD CO. OFFICE 304 Indiana Avenue, P.O. Box 129 English, IN 47118 812-338-2701 Director: Herbert Gordon

DAVIESS CO. OFFICE 4 N.E. 21st St., P.O. Box 618 Washington, IN 47501 812-254-0690 Director: William Walker DEARBORN CO. OFFICE 230 Mary Ave., Suite 150 Lawrenceburg, IN 47025 812-537-5131 Director: Randy Hildebrand

DECATUR CO. OFFICE 1025 E. Freeland Rd., Suite B Greensburg, IN 47240 812-663-6768 Director: Traci Lynn Eggleston

DEKALB CO. OFFICE 934 W. 15th St., P.O. Box 870 Auburn, IN 46706 260-925-2810 Director: Mary E. Southern

DELAWARE CO. OFFICE 333 S. Madison, P.O. Box 1528 Muncie, IN 47308 765-747-7750 Director: Marilyn Scales

DUBOIS CO. OFFICE 611 Bartley St., P.O. Box 230 Jasper, IN 47547 812-482-2585 Director: Susan Lesko

ELKHART CO. OFFICE 347 West Lusher Avenue Elkhart, IN 46517 574-293-6551 Director: David Judkins, Interim

FAYETTE CO. OFFICE 3662 Western Avenue Connersville, IN 47331 765-825-5261 Director: Mark Munchel

FLOYD CO. OFFICE 1421 E. Elm St. New Albany, IN 47150 812-948-5480

Director: John Barksdale

FOUNTAIN CO. OFFICE 981 E. State St., Suite A Veedersburg, IN 47987 765-294-4126 Director: Cindy Mason

FRANKLIN CO. OFFICE 9127 Oxford Pike, Suite A Brookville, IN 47012 765-647-4081 Director: Lynn Lineback

FULTON CO. OFFICE 1920 Rhodes St. Rochester, IN 46975 574-223-3413 Director: Chris (Christina) Ackerman

GIBSON CO. OFFICE 321S. 5th Avenue Princeton, IN 47670

812-385-4727

Director: Dawnelle Brown

GRANT CO. OFFICE 840 N. Miller Avenue Marion, IN 46952 765-668-4500

Director: Chuck Osterholt

GREENE CO. OFFICE Hwy. 231 South P.O. Box 443 Bloomfield, IN 47424 812-384-4404 Director: Jane Bisbee

HAMILTON CO. OFFICE 938 N. Tenth St. Noblesville, IN 46060 317-773-2183

Director: Karen Beaumont

HANCOCK CO. OFFICE 120 W. Mckenzie, Suite F Greenfield, IN 46140 317-467-6360

Director: Ruth Alewine

HARRISON CO. OFFICE 2026 Highway 337 NW P.O. Box 366 Corydon, IN 47112 812-738-8166 Director: James Miller

HENDRICKS CO. OFFICE 6781 E. US 36, Suite 200 Avon, IN 46123 317-272-4917 Director: Peggy W. McCoy

HENRY CO. OFFICE 1416 Broad St., 2nd Floor New Castle, IN 47362 765-529-3450 Director: Michael Fleming

HOWARD CO. OFFICE 101 W. Superior, Suite A Kokomo, IN 46901-4670 765-457-9510 Director: Glynn Hipp

HUNTINGTON CO. OFFICE 88 Home St. Huntington, IN 46750 260-356-4420 Director: Ronald Mitchell

JACKSON CO. OFFICE 220 S. Main St., P.O. Box C Brownstown, IN 47220 812-358-2421 Director: Dennis Carmichael

JASPER CO. OFFICE 215 W. Kellner Blvd., Suite 16 P. O. Box 279 Rensselaer, IN 47978 219-866-4186 Director: Sharon Mathew JAY CO. OFFICE 1237 W. Votaw St., SR 67 Portland, IN 47371-9590 260-726-7933 Director: Chris Wagner

JEFFERSON CO. OFFICE 1405 Bear St., P.O. Box 1189 Madison, IN 47250-1189 812-265-2027 Director: Robert G. King

JENNINGS CO. OFFICE 939 Veterans Dr., P.O. Box 1047 North Vernon, IN 47265 812-346-2254 Director: Michael L. Williams

JOHNSON CO. OFFICE 1784 E Jefferson St Franklin, IN 46131-7277 317-738-0301 Director: Vickie S. Jones

KNOX CO. OFFICE 1050 Washington Ave. P.O. Box 235 Vincennes, IN 47591 812-882-3920 Director: Larry Marchino

KOSCIUSKO CO. OFFICE 205 N. Lake St. Warsaw, IN 46580 574-267-8108 Director: Peggy Shively

LAGRANGE CO. OFFICE 836 N. Detroit St. Lagrange, IN 46761-1112 260-463-3451 Director: David Judkins

LAKE CO. OFFICE 839-41 Broadway Gary, IN 46402 219-886-6000 219-881-2020

Director: Bruce Hillman

LAPORTE CO. OFFICE 1230 State Road 2 W, P.O. Box 1402 LaPorte, IN 46352 219-326-5870 Director: Terry Ciboch

LAWRENCE CO. OFFICE 918 16th Street, Suite 100 Bedford, IN 47421-3824 812-279-9706 Director: William Hastings

MADISON CO. OFFICE 222 E. 10th Street, Suite D Anderson, IN 46016 765-649-0142 Director: Bruce Stansberry

MARION CO. OFFICE (S) 129 E. Market St., Suite 1200 Indianapolis, IN 46204 Administrative office (317) 232-3645 11 local offices in Marion Co. Acting Director for all offices: Rodger Zimmerman

MARSHALL CO. OFFICE 1850 Walter Glaub Drive P.O. Box 539 Plymouth, IN 46563 574-935-4046 Director: Michael J. Carroll

MARTIN CO. OFFICE 51 Ravine Street, P.O. Box 88 Shoals, IN 47581 812-247-2871 Director: Michael Jones

MIAMI CO. OFFICE 12 S. Wabash, P.O. Box 143 Peru, IN 46970-0143 765-473-6611 Director: Fay Russell MONROE CO. OFFICE 401 E. Miller Drive Bloomington, IN 47401 812-336-6351 Director: Lindsay A. Smith

MONTGOMERY CO. 307 Binford St. Crawfordsville, IN 47933 765-362-5600 Director: David Ling, Interim

MORGAN CO. OFFICE 1326 S. Morton Avenue Martinsville, IN 46151 765-342-7101 Director: Tim Miller

NEWTON CO. OFFICE 308 E. State St., P.O. Box 520 Morocco, IN 47963-0520 219-285-2206 Director: Ron Fisher

NOBLE CO. OFFICE 107 Weber Road Albion, IN 46701 260-636-2021 Director: Lee Pearson

OHIO CO. OFFICE 125 N. Walnut, P.O. Box 196 Rising Sun, IN 47040 812-438-2530 Director: Mary Riede

ORANGE CO. OFFICE 326 N. Gospel, P.O. Box 389 Paoli, IN 47454 812-723-3616 Director: Leslie Rowland

OWEN CO. OFFICE 14 N. Washington St. Spencer, IN 47460 812-829-2281 Director: Pam Connelly PARKE CO. OFFICE 116 W. Ohio Rockville, IN 47872 765-569-3156 Director: Katie Edington

PERRY CO. OFFICE 316 E. Hwy 66 Tell City, IN 47586 812-547-7055 Director: Georgann Gogel

PIKE CO. OFFICE 2105 E. Main Petersburg, IN 47567 812-354-9716 Director: Steve Cunningham

PORTER CO. OFFICE 152 Indiana Avenue Valparaiso, IN 46383 219-462-2112 Director: Jon Rutkowski

POSEY CO. OFFICE 1809 Main St., P.O. Box 568 Mount Vernon, IN 47620 812-838-4429 Director: Robert Webster

PULASKI CO. OFFICE 614 W. 11th St., P.O. Box 130 Winamac, IN 46996 574-946-3312 Director: Laurel Myers

PUTNAM CO. OFFICE 121 Ridgeland Rd. Greencastle, IN 46135 765-653-9780 Director: Barbara South

RANDOLPH CO. OFFICE 2 Omco Square, Suite 200 Winchester, IN 47394 765-584-2811

Director: Steven Cox

RIPLEY CO. OFFICE 630 S. Adams, P.O. Box 215 Versailles, IN 47042 812-689-6295

Director: India Turner

RUSH CO. OFFICE 1340 N. Cherry Rushville, IN 46173 765-932-2392

Director: Mike Henderson

ST. JOSEPH CO. OFFICE 401 E. Colfax Ave, Ste 116 South Bend, IN 46617-2735 574-236-5300

Director: Charles Smith

SCOTT CO. OFFICE 705 W. Fairground Rd. P.O. Box 424 Scottsburg, IN 47170 812-752-2503

Director: Vance Winslow

SHELBY CO. OFFICE 2565 Parkway Dr., Suite 2 Shelbyville, IN 46176-8677 317-392-5040

Director: Mary Ann Bean

SPENCER CO. OFFICE 900 Old Plank Road P.O. Box 25 Rockport, IN 47635 812-649-9111

Director: Connie Branch

STARKE CO. OFFICE 318 E. Culver Road Knox, IN 46534 574-772-3411

Director: Larry Harris

Revised 9/2002

STEUBEN CO. OFFICE 317 S. Wayne St., Suite 2a Angola, IN 46703 260-665-3713 Director: Jan Lung SULLIVAN CO. OFFICE 128 S. State St. Sullivan, IN 47882 812-268-6326

Director: James Bedwell

SWITZERLAND CO. OFFICE 506 Ferry St., P.O. Box 98 Vevay, IN 47043 812-427-3232

Director: Janet S. Meierle

TIPPECANOE CO. OFFICE 111 North 4th St. Lafayette, IN 47901-1305 765-742-0400

Director: David E. Ling

TIPTON CO. OFFICE 202 S. West St. Tipton, IN 46072-1848 765-675-7441

Director: Mary J. Simpson

UNION CO. OFFICE 303A N. Main St. , P.O. Box 344 Liberty, IN 47353 765-458-5121

Director: Gene Sanford

VANDERBURGH CO. 100 E. Sycamore St. P.O. Box 154 Evansville, IN 47701-0154 812-421-5500 Director: Lark Buckman

VERMILLION CO. OFFICE 215 W. Extension St. P.O. Box 219 Newport, IN 47966 765-492-3305

Director: Christopher Cohee

VIGO CO. OFFICE 30 N. 8th St. Terre Haute, IN 47807 812-234-0100

Director: Glenn Cardwell

WABASH CO. OFFICE 89 W. Canal St. Wabash, IN 46992 260-563-8471 Director: Margery Justice

WARREN CO. OFFICE 20 W. Second St. Williamsport, IN 47993-1118

765-762-6125

Director: Linda Akers

WARRICK CO. OFFICE 1302 Millis Avenue P.O. Box 265 Boonville, IN 47601 812-897-2270

Director: Judith Harper

WASHINGTON CO. OFFICE 711 Anson St. Salem, IN 47167 812-883-4305

Director: L. Joan Kelley

WAYNE CO. OFFICE 50 S. Second Richmond, IN 47374-4276 765-935-0078 Director: Jean Cates

WELLS CO. OFFICE 221 W. Market Street P.O. Box 495 Bluffton, IN 46714 260-824-3530

Director: Jenny Tsakkos

WHITE CO. OFFICE 715 N. Main St. Monticello, IN 47960 574-583-5742

Director: Barbara Bedrick

WHITLEY CO. OFFICE 115 S. Line St. Columbia City, IN 46725 260-244-6331 Director: Steve Weaver

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For Further Information Please Contact:

Family & Social Services Administration (FSSA)

website: http://www.state.in.us/fssa/ The FSSA website links to the state agencies below. To call Toll Free use 1 800-545-7763 and ask for extension: -the last five digits- of the office telephone number you are trying to reach.

1. Bureau of Aging and In-Home Services, DDARS

402 W. Washington Street, Room W454, P.O. Box 7083 Indianapolis, IN 46207-7083 (317) 232-7122 (800) 545-7763 ext. 2-7122

2. Bureau of Developmental Disabilities Services, DDARS

402 West Washington Street, Room W453, P.O. Box 7083 Indianapolis, IN 46207 (317) 232-7842 (800) 545-7763 ext 2-7842

3. Bureau of Quality Improvement Services, DDARS

402 W. Washington Street, Room W 451, P.O. Box 7083 Indianapolis, IN 46207 (317) 234-1144 or 234-1143 (800) 545-7763 ext 4-1144 or 4-1143 (800) 622-4484 DD Waiver Ombudsman

4. Hearing and Appeals, FSSA

402 W. Washington Street, Room W392, P.O. Box 7083 Indianapolis, IN 46204-2739 (800) 545-7763 ext 2-4411 (317) 232-4411 or 232-4405 (317) 232-4623 (Agency Review) (317) 232-4412 (fax)

5. Office of Medicaid Policy and Planning, FSSA

402 W. Washington Street, Room W382 Indianapolis, IN 46204-2739 (800) 545-7763 ext 2-6760 (317) 232-6760 (DD, Support Services & Autism Level of Care) (317) 233-3558 (A&D, Assisted Liv, MFC, & TBI Level of Care)

6. DFC- Family Independence, Medicaid Policy, FSSA

402 W. Washington Street, Room W 363 Indianapolis, IN 46204-2739 (800) 545-7763 ext 2-4966, 317- 232-4966 www.in.gov/fssa/children/dfc/

Centers for Independent Living (CIL)

Provides peer support, self-help, self-determination, and individual and system advocacy for all people with disabilities. To locate a CIL near you call (800) 545-7763 ext 2-1367 or go to: www.state.in.us/fssa/HTML/DIRECTORY/ILcenters.html

IN*SOURCE

Indiana Resource Center for Families with Special Needs 809 North Michigan Street
South Bend, Indiana 46601
(574) 234-7101 or (800) 332-4433
(574) 234-7279 (Fax)
insource@insource.org
http://www.insource.org/

IPIN (Indiana Parent Information Network)

4755 Kingsway Drive, Suite 105 Indianapolis, IN 46205 (317) 257-8683 (800) 964-IPIN FamilyNetw@aol.com www.ai.org/ipin

Protection & Advocacy Services

4701 N. Keystone, Suite 222 Indianapolis, IN 46205 (317) 722-5555 (800) 622-4845 (800) 838-1131 (TTY only) (317) 722-5564 (Fax) info@ipas.state.in.us www.state.in.us/ipas/

The Arc of Indiana

107 N. Pennsylvania Street, Suite 300 Indianapolis, IN 46204 (317) 977-2375 (317) 977-2385 (Fax) (800) 382-9100 www.arcind.org TheArc@arcind.org

TheArcLink www.TheArcLink.org

Governor's Planning Council for People with Disabilities 150 West Market Street, Suite 628, Indianapolis, IN 46204 Voice: (317) 232-7770, TTY: (317) 232-7771 Fax: (317) 233-3712

GPCPD@gpcpd.org www.state.in.us/GPCPD

Notes

Use this space to list contact names, numbers, dates and other important information.

INDIANA VOTER REGISTRATION APPLICATION

(VRG-7i

State Form 50504 (8-01)

Indiana Election Commission

You can use this application to:

- Apply to register to vote in Indiana or
- Change your name and address on your voter registration record.

To register you must:

- Be a citizen of the United States;
- Be at least 18 years old on the day of the next general or municipal election;
- Have lived in your precinct for at least 30 days before the next election; and
- Not currently be imprisoned after being convicted of a crime.

If you move:

- You must transfer your registration whenever you move out of your precinct.
- You may use this application to transfer your registration. You may mail or hand deliver the completed application to your county registration office.

To complete this form:

FILL IN ALL THE BOXES THAT APPLY TO YOU IN BLUE OR BLACK INK

Box 4: Residence Address Type or print the address where you live (number, street, apartment number, city/town, and ZIP code). If your address is a rural route or star route, be sure to include the box number.

Box 5: Mailing Address If this address is the same as Box 4, just print "SAME" in this box.

BOX 6: PREVIOUS VOTER REGISTRATION ADDRESS IF YOU HAVE BEEN REGISTERED PREVIOUSLY, PLEASE LIST YOUR MOST RECENT REGISTRATION ADDRESS

Boxes 8, 9 and 10: These questions are optional. Your application will be processed even if you don't answer these questions.

Boxes 11: Voter Identification Number In Box 11 you are required to provide your Indiana driver's license number or Indiana identification card number as issued by the Indiana Bureau of Motor Vehicles. *If you do not have an Indiana driver's license or identification card,* then provide the last four digits of your social security number. Please indicate which number you are providing by checking the appropriate box.

Box 12: If this is an application for a name change, provide your previous name in Box 12. If you have not changed your name, skip this question.

Box 13: Skip this question if the address where you live has a street name and number (such as 100 Maple Street). If you have a rural route or star route address, please draw a simple map that shows the nearest crossroads or street intersection and where your residence is located. If you do not live in a house or other building, please draw a map that shows where you usually sleep and the nearby streets.

Box 14: This application cannot be processed without an original signature in this section

Registration Deadlines: In order to be processed for the next election, this application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If your county registration office receives this application after that day, you will be unable to vote in the next election. If you miss this deadline, your registration application will be processed when registration reopens.

Notices of Disposition: A Notice of Disposition is a notice that acknowledges receipt of your voter registration application. The notice informs you whether your registration application was approved. The notice may identify where you can vote. If your registration application is incomplete, you may be contacted and asked to provide additional information. If you have not received a notice of disposition within 30 days of filing this application you should contact your county voter registration office.

Questions? Call your county voter registration office or the Indiana Election Division for assistance.

Indiana Election Division

Indiana Government Center South, Room E204 302 West Washington Street Indianapolis, Indiana 46204-2743

Telephone: 317-232-3939 or Toll-free Indiana only: 800-622-4941

Fax: 317-233-6793 <u>www.in.gov/sos/elections</u> elections@iec.state.in.us

If Not Typed, Please Print in Blue or Black Ink

1	Check	2 Indiana county v	,	COUNTY USE ONL	Y	TOWNSHIP/i	PRECINCT	COUNTY TRACKING NUMBER
3	Gender Last Name Female Male			First Name		Middle Name or Initial		Suffix Jr. Sr. II III IV
4	Residence Address (No Post Office Boxes)				City / Town		State IN	Zip Code
5	Mailing Address, if different from Box 4, <i>if same, print "</i> .				City / Town		State	Zip Code
6	Previous Voter Registration Address		County		City / Town		State	Zip Code
7	Date of Birth (mm/dd/yy) 8 Telephone numl	oer <i>(If available)</i>	9 E-mail (If ava	ailable)			10 □ Ye	you like to be a pollworker? es No
11	Voter Identification Number: Your state voter identification number is your 10-digit Indiana issued drivers license number or your state identification card number. If you do not possess an Indiana drivers license or state identification card, then provide the last 4 digits of your social security number here. Please check the appropriate box indicating which was provided.							
12	If this is an application for a name change, what was your name before you changed it? If you have not changed your name, skip this question.	Name		First Name		Middle Name or Initia	al	Jr. Sr. II III IV
13	Map/Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located, include roads and landmarks. Otherwise, skip this question. N I authorize my voter registration at any other address to be cancelled. I swear or affirm that: I am a citizen of the United States. I will be at least 18 years of age at the next general or municipal election. I will have lived in my precinct for at least 30 days before the next election. I am not currently in prison after being convicted of a crime. All the above information and all other statements on this form are true. I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both.					ction. lection. true. am committing perjury		
13	W	Е			ATURE OF APF			DATE
If applicant is unable to sign due to disability, the person who helped this applicant fill of name, address and telephone number in the box below. (Telephone number is optional.				er is optional.)				
	S		Name		Address	City/Town	Telephone N	Number (optional)

INDIANA COUNTY VOTER REGISTRATION OFFICES

Sign and Mail this Completed Voter Registration Application to the county where you live or to the Indiana Election Division

ADAMS

ADAMS
Adams Co. Circuit Court Clerk
112 S. Second
P.O. Box 189
Decatur, IN 46733 – 0189
(219) 724-2600

ALLENAllen Co. Board of Voter Registration 602 South Calhoun St. Courthouse, Room 105 Fort Wayne, IN 46802 - 1713 (219) 449-7154

BARTHOLOMEW

Bartholomew Co. Circuit Court Clerk P.O. Box 924 Columbus, IN 47202 - 0924 (812) 379-1604

BENTONBenton Co. Circ uit Court Clerk 706 E. 5th Street Suite 37 Suite 37 Fowler, IN 47944 - 1556 (765) 884-0930

BLACKFORD

Blackford Co. Circuit Court Clerk 110 W. Washington St. Hartford City, IN 47348 - 2298 (765) 348-7217

BOONE

Boone Co. Circuit Court Clerk Room 212, Courthouse Square Lebanon, IN 46052 - 2100 (765) 482-3510

BROWN

Brown Co. Circuit Court Clerk P.O. Box 85 Nashville, IN 47448 - 0085 (812) 988-5510

Carroll Co. Circuit Court Clerk 101 W. Main St. Delphi, IN 47348-1566 (765) 564-4485

CASS

Cass Co. Circuit Court Clerk 200 Court Park, Room 103 Logansport, IN 46947 - 3192 (219) 753-7870

CLARK

CLARK
Clark Co. Circuit Court Clerk
City-County Bldg., Room 137
500 E. Court Avenue
Jeffersonville, IN 47130-4090
(812) 285-6329

CLAY
Clay Co. Circuit Court Clerk P.O. Box 33 609 E. National Ave. Brazil, IN 47834 - 0033 (812) 448-9023

Clinton Co. Circuit Court Clerk 265 Courthouse Square Frankfort, IN 46041 - 1993

CRAWFORD

Crawford Co. Circuit Court Clerk P.O. Box 375 Court St. English, IN 47118 - 0375 (812) 338-2565

DAVIESS

DAVIESS
Daviess Co. Circuit Court Clerk
200 E. Walnut Street
P.O. Box 739
Washington, IN 47501 - 0739
(812) 254-8679

DEARBORN
Dearborn Co. Circuit Court Clerk
215 W. High Street
Lawrenceburg, IN 47025 - 1909
(812) 537-8867

DECATURDecatur Co. Circuit Court Clerk
150 Courthouse Square Suite 244 Greensburg, IN 47240 - 2080 (812) 663-8223

DEKALB

Dekalb Co. Circuit Court Clerk P.O. Box 230 100 S. Main Street Auburn, IN 46706 - 0230 (219) 925-9787

DELAWARE

Delaware Co. Board of Voter Registration 100 West Main Street, Room 200 Muncie, IN 47305 - 2836 (765) 747-7812

DUBOIS

Dubois Co. Circuit Court Clerk
One Courthouse Square, Room 104
Jasper, IN 47546 -3058
(812) 481-7035

FI KHART

Elkhart Co. Board of Voter Registration County Office Bldg. Rm. L4 117 North 2rd Street Goshen, IN 46526 - 3243 (219) 535-6775

FAYETTE
Fayette Co. Circuit Court Clerk
P.O. Box 607
Connersville, IN 47331 - 0607
(765) 825-1813

Floyd Co. Circuit Court Clerk 311 W. 1st St. Rm. 235 P.O. Box 1056 New Albany, IN 47150 - 0 (812) 948-5419

FOUNTAIN
Fountain Co. Circuit Court Clerk P.O. Box 183 Covington, IN 46932 - 0 (765) 793-2192

FRANKLIN
Franklin Co. Circuit Court Clerk 459 Main Street Brookville, IN 47012 - 1486 (765) 647-5111

FULTON

Fulton Co. Circuit Court Clerk P.O. Box 502 Rochester, IN 46975 - 0524 (219) 223-7713

GIBSON

Gibson Co. Circuit Court Clerk P.O. Box 630 Princeton, IN 47670 - 0630 (812) 385-2541

GRANT

Grant Co. Board of Voter Registration Courthouse, Suite B-9 101 E. 4th Street Marion, IN 46952 - 4055 (765) 664-9880

GREENE

Greene Co. Circuit Court Clerk P.O. Box 229 Bloomfield, IN 47424 - 0229 (812) 384-2015

HAMILTON

Hamilton Co. Board of Voter Registration 1 Hamilton County Square Suite 106 Noblesville, IN 46060 - 2230 (317) 776-9632

HANCOCK
Hancock Co. Board of Voter Registration 9 East Main Street Room 202 Greenfield, IN 46140 - 2320 (317) 462-1171

HARRISON

Harrison Co. Circuit Court Clerk Courthouse, Room 203 300 North Capitol Avenue Corydon, IN 47112 - 1155 (812) 738-4289

HENDRICKS

Hendricks Co. Circuit Court Clerk P.O. Box 599 Danville, IN 46122 - 0599 (317) 745-9313

HENRY

Henry Co. Board of Voter Registration P.O. Box B New Castle, IN 47362 - 1044 (765) 529-9310

HOWARD

Howard Co. Board of Voter Registration 104 North Buckeye Street, Room 106 Kokomo, IN 46901 - 9004 (765) 456-2219

HUNTINGTON

Huntington Co. Circuit Court Clerk P.O. Box 228 201 North Jefferson Street Huntington, IN 46750 - 0 (219) 358-4820

Jackson Co. Circuit Court Clerk 111 South Main Street P.O. Box 122 Brownstown, IN 47220 -0122

Jasper Co. Circuit Court Clerk 115 West Washington Rensselaer, IN 47978 (219) 866-4929

JAY
Jay Co. Circuit Court Clerk
120 North Court
Portland, IN 47371 – 2195 (219) 726-4951

JEFFERSON

Jefferson Co. Circuit Court Clerk Courthouse, Room 203 300 East Main Street Madison, IN 47250 - 3594 (812) 265-8926

JENNINGSJennings Co. Circuit Court Clerk

P.O. Box 385 Vernon, IN 47282 - 0385 (812) 346-8081

JOHNSON
Johnson Co. Board of Voter Registration

P.O. Box 451 5 East Jefferson Street Franklin, IN 46131 - 0451 (317) 736-3189

KNOX Knox Co. Circuit Court Clerk

101 North 7th Street Vincennes, IN 47591 - 2022 (812) 885-2520

KOSCIUSKO

Kosciusko Co. Circuit Court Clerk 121 North Lake Street Warsaw, IN 46580 - 2788 (219) 372-2332

*LAGRANGE*LaGrange Co. Circuit Court Clerk 105 North Detroit Street LaGrange, IN 46761 - 1801 (219) 463-3442

LAKE

Lake Co. Board of Voter Registration 2293 North Main Street, Suite 16 Crown Point, IN 46307 - 0 (219) 755-3795

LAPORTE

LaPorte Co. Board of Voter Registration 813 Lincolnway, Suite 108 LaPorte, IN 46350 - 3401 (219) 326-6808

LAWRENCE

Lawrence Co. Circuit Court Clerk 1916 15th St. Room 31 Bedford, IN 47421 - 3800 (812) 275-7543

MADISON

MADISON
Madison Co. Board of Voter Registration
16 East 9th Street, Suite 208
Anderson, IN 46016 - 1588
(765) 641-9657

MARION

Marion Co. Board of Voter Registration 200 East Washington, W131 Indianapolis, IN 46204 - 3355 (317) 327-5040

MARSHALL

MARSHALL
Marshall Co. Circuit Court Clerk
211 West Madison Street
Plymouth, IN 46563 - 1762 (219) 935-8713

MARTIN

Martin Co. Circuit Court Clerk 111 Main St. P.O. Box 120 Shoals IN 47581 - 0 (812) 247-6351

MIAMI Miami Co. Circuit Court Clerk P.O. Box 184 Peru, IN 46970 - 0184 (765) 472-3901

Monroe Co. Board of Voter Registration 301 North College Avenue, Room 202 Bloomington, IN 47401 - 3865 (812) 349-2690

MONTGOMERY

Montgomery Co. Circuit Court Clerk 100 East Main Street, Room 203 P.O. Box 768 Crawfordsville, IN 47933 - 0768 (765) 364-6437

MORGAN

Morgan Co. Circuit Court Clerk P.O. Box 1556 Martinsville, IN 46151 - 1556 (765) 342-1029

NEWTON Newton Co. Circuit Court Clerk P.O. Box 49 Kentland, IN 47951 - 0049 (219) 474-6081

NOBLE
Noble Co. Circuit Court Clerk
101 North Orange Street
Albion, IN 46701 – 1092 (219) 636-2736

OHIO

Ohio Co. Circuit Court Clerk P.O. Box 185 Rising Sun, IN 47040 - 0185 (812) 438-2610 ORANGE

ORANGE
Orange Co. Circuit Court Clerk
1 Court Street
Orange County Courthouse
Paoli, IN 47454 - 9632
(812) 723-2649

OWEN
Owen Co. Circuit Court Clerk P.O. Box 146 Spencer, IN 47460 - 0146 (812) 829-5028

PARKE
Parke Co. Circuit Court Clerk 116 West High Street

Room 204 Rockville, IN 47872 - 1781 **PERRY**Perry Co. Circuit Court Clerk

2219 Payne Street Tell City, IN 47586 - 2832 (812) 547-3741

Pike Co. Circuit Court Clerk 801 Main St. 2nd Floor Petersburg, IN 47567 - 1298 (812) 354-6025

PORTER

Porter Co. Board of Voter Registration Porter Co. Board of Voter Reg Administration Center, Suite 105 155 Indiana Avenue Valparaiso, IN 46383 - 5555 (219) 465-3486

POSEYPosey Co. Circuit Court Clerk
P.O. Box 606
Mt. Vernon, IN 47620 - 0606
(812) 838-1339

PULASKI
Pulaski Co. Circuit Court Clerk
112 East Main
Room 230 Room 230 Winamac, IN 46966 - 1394 (219) 946-3313

Putnam Co. Circuit Court Clerk P.O. Box 546 Greencastle, IN 46135 - 0546 (765) 653-2648

RANDOLPHRandolph Co. Circuit Court Clerk P.O. Box 230 Winchester, IN 47394 - 0230 (765) 584-4717

Ripley Co. Circuit Court Clerk P.O. Box 177 115 N. Main Street Versailles, IN 47042 - 0 (812) 689-4783

RUSH

Rush Co. Circuit Court Clerk 101 East 2nd Street P.O. Box 429 Rushville, IN 46173 - 0429 (765) 932-4522

SAINT JOSEPH
St. Joseph Co. Board of Voter Registration
City-County Building, 4th Floor
227 West Jefferson Boulevard
South Bend, IN 46601 - 1871 (219) 235-9521

Scott Co. Circuit Court Clerk 1 East McClain Avenue Scottsburg, IN 47170 - 1885 (812) 752-8420

SHELBY
Shelby Co. Circuit Court Clerk P.O. Box 198 Shelbyville, IN 46176 - 0198 (317) 392-6324

Spencer Co. Circuit Court Clerk P.O. Box 12 200 Main Street Rockport, IN 47635 - 0012 (812) 649-6027

STARKE
Starke Co. Circuit Court Clerk
Courthouse, Room E
53 East Washington Street Knox, IN 46534 - 1197 (219) 772-9160

STEUBENSteuben Co. Circuit Court Clerk
55 South Public Square Angola, IN 46703 – 1945 (219) 668-1000 **SULLIVAN**Sullivan Co. Circuit Court Clerk
Courthouse, Room 370

100 Courthouse Square Sullivan, IN 47882 - 0370

(812) 268-4657

SWITZERLANDSwitzerland Co. Circuit Court Clerk Courthouse 212 West Main Vevay, IN 47043 - 1180 (812) 427-3175

TIPPECANOE Tippecanoe Co. Board of Voter Registration 301 Main Street Lafayette, IN 47901 - 1360 (765) 423-9316

TIPTON
Tipton Co. Circuit Court Clerk
101 East Jefferson
Tipton, IN 46072 - 1901
(765) 675-2795

UNION
Union Co. Circuit Court Clerk
26 West Union Street
Liberty, IN. 47353 - 1396
(765) 458-6121

VANDERBURGH Vanderburgh Co. Voter Registration Civic Center Complex, Room 106 1 NW Martin Luther King Jr. Boulevard Evansville, IN 47708 - 1828 (812) 435-5222

VERMILLION
Vermillion Co. Circuit Court Clerk P.O. Box 10 Newport, IN 47966 - 0008 (765) 492-3500

VIGO Vigo Co. Board of Voter Registration Courthouse, Room 3 33 South 3rd Street Terre Haute, IN 47808 - 3472 (812) 462-3393

WABASH

WABASH Wabash Co. Circuit Court Clerk One West Hill Street, Suite 6 Wabash, IN 46992 - 3175 (219) 563-0661 WARREN WARREN
Warren Co. Circuit Court Clerk
125 North Monroe Street
Suite 11
Williamsport, IN 47993 - 1198
(765) 762-3510

WARRICK
Warrick Co. Circuit Court Clerk
1 County Square WARRICK Suite 220 Boonville, IN 47601 - 1594

(812) 897-6161

WASHINGTON

WASHINGTON
Washington Co. Circuit Court Clerk
99 Public Square North
Salem, IN 47167 - 2098 (812) 883-5748 WAYNE

Wayne Co. Circuit Court Clerk

301 E. Main Street P.O. Box 1172 Richmond, IN 47375 - 1172

Wells Co. Circuit Court Clerk 102 West Market Street Suite 201 Bluffton, IN 46714 - 2091 (219) 824-6479

WHITE

White Co. Circuit Court Clerk P.O. Box 350 Monticello, IN 47960 - 0350 (219) 583-1531

WHITI FY

WHITLEY
Whitley Co. Circuit Court Clerk
101 West Van Buren Street
Columbia City, IN 46725 - 2087
(219) 248-3102